

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

☐(Check if address  
is changed)

Suite 700

Washington

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

kvaughan@aha.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ahapac.org

COMMITTEE'S FAX NUMBER

202-626-2332

2. DATE

M M / D D / Y Y Y Y  
10 / 03 / 2006

3. FEC IDENTIFICATION NUMBER

C C00106146

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

M M / D D / Y Y Y Y  
10 / 04 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 02/2003)

## 5. TYPE OF COMMITTEE (Check One)

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of  
CandidateCandidate  
Party AffiliationOffice  
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of  
Candidate

- (d) ☐ This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☒ This committee is a separate segregated fund

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

## 6. Name of Any Connected Organization or Affiliated Committee

Wisconsin Health &amp; Hospital Association Federal PAC

Mailing Address

5721 Odana Road

Madison

WI

53719

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated

Type of Connected Organization:

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

**American Hospital Association PAC**

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Ms. Katie Vaughan**

Mailing Address **325 Seventh Street, NW**  
**Suite 700**  
**Washington DC 20004**

Title or Position ▼ **Associate Director,** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Ms. Melinda Hatton**

Mailing Address **325 Seventh Street, NW**  
**Suite 700**  
**Washington DC 20004**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **202** - **626** - **2336**

Full Name of Designated Agent **Mark Seklecki**

Mailing Address **325 Seventh Street, NW**  
**Suite 700**  
**Washington DC 20004**

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citibank FSB

Mailing Address

P.O. Box 19748

Washington

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

Form/Schedule: **F1N**      Amendment to Form 1 - Statement of Organization  
Transaction ID: